

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Wang Baldonado

Application No.: 09/717,298

Filed: November 22, 2000



Group Art Unit: 2157

Examiner: Salad, Abdullahi E.

Title: Systems And Methods For The  
Discovery And Presentation Of  
Electronic Messages That Are Related  
To An Electronic Message

Attorney Docket No.: D/A0835

Assistant Commissioner for Patents  
Alexandria, VA 22313-1450

**DRAWING TRANSMITTAL LETTER**

Sir:

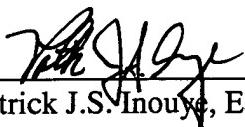
Enclosed herewith please find:

- ( )        sheets of redlined drawing(s) which indicate proposed changes to the drawing(s). Upon approval of these proposed changes, formal drawing(s) will be submitted.
- ( )        sheets of corrected formal drawing(s), as required by the Notice of Patent Drawings Objection (PTO-948) which accompanied the Office Action dated \_\_\_\_\_.
- ( )        sheets of corrected formal drawing(s), as required by the Notice of Patent Drawing(s) Objection (PTO-948) and approved in the Notice of Allowability dated \_\_\_\_\_.
- (X) 2       sheets of corrected formal Utility Patent drawing(s), as required by Examiner's Statement of Reasons for Allowance accompanying Notice of Allowability.

Examiner's approval of the entry of these drawings is respectfully requested.

Respectfully Submitted,

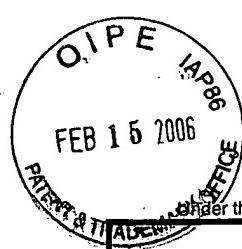
**Customer Number: 35700**

By   
Patrick J.S. Inouye, Esq.

Attorney/Agent for Applicant(s)  
Reg. No. 40297

Date: February 13, 2006

Telephone No.: (206) 381-3900



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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/717,298
		Filing Date	November 22, 2000
		First Named Inventor	Wang Baldonado
		Art Unit	2157
		Examiner Name	Salad, Abdullahi E.
Total Number of Pages in This Submission		Attorney Docket Number	D/A0835

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation  <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC)  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<b>Remarks</b>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Offices of Patrick J.S. Inouye		
Signature			
Printed name	Patrick J.S. Inouye		
Date	February 13, 2006	Reg. No.	40,297

### CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature			
Typed or printed name	Natalia Li-Chapman	Date	February 13, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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OIE FEB 15 2006 14P86  
PATENT & TRADEMARK OFFICE

Effective on 12/8/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)1,400.00

Complete if Known	
Application Number	09/717,298
Filing Date	November 22, 2000
First Named Inventor	Wang Baldonado
Examiner Name	Salad, Abdullahi E.
Art Unit	2157
Attorney Docket No.	D/A0835

## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 24-0037 Deposit Account Name: Xerox Corporation

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charges fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
0	- 20 or HP = 0	x \$50.00	= \$ 0.00			
HP = highest number of total claims paid for, if greater than 20				\$360.00		
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
0	- 3 or HP = 0	x \$200.00	= \$ 0.00			

HP = highest number of independent claims paid for, if greater than 3

## 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)

for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

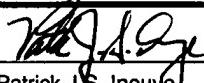
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
0	- 100 = 0	/ 50 = 0 (round up to a whole number)	x \$250.00	= \$ 0.00

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Issue Fee: 1,400.00 1,400.00

## SUBMITTED BY

Signature		Registration No. 40297 (Attorney/Agent)	Telephone (206) 381-3900
Name (Print/Type)	Patrick J.S. Inouye		Date February 13, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.